

CSB Agencies Time Entry Form

Agency **2 or 3 letter code**

Employee: **First & Last Name**
 EIN: **Assigned by HRIS system**
 Funding: **Fund and/or Grant Number**

Process Level **HRIS Five Letter Code**
 Department **HRIS Five Number Code**
 AY **04**

Pay Period **Begin Sat. 1st Wk** to **End Friday 2nd Week**
 Pay Date **Friday of following week**

Week 1

Dates>		Enter dates for each day of work week (example 12/29)							TOTAL HOURS	Attendance Code **	Acct	AY
Pay Codes		Sat	Sun	Mon	Tue	Wed	Thur	Fri				
Schedule		Regular work hours scheduled by day										
1	100			# of hours worked at 100 - Regular Pay						Attendance Code (See listing at right)	For non-standard labor distribution	Appropriation Year (other than current)
2				# of hours reported for other Pay Codes								
3												
4												
5												
6												
7												
8												
9												

Attendance Codes **

- 01 - Bereave Spouse
- 02 - Bereave Child
- 06 - Bereave Parent
- 09 - Bereave "In Loco Parentis"
- 10 - Bereave Grandparent
- 11 - Bereave Grandchild
- 12 - Bereave Brother
- 13 - Bereave Sister
- 14 - Bereave Brother-in-law
- 15 - Bereave Sister-in-law
- 16 - Bereave Mother-in-law
- 17 - Bereave Father-in-law
- 18 - Bereave Son-in-law
- 19 - Bereave Daughter-in-law
- 20 - Family Sick Parent
- 24 - Family Sick Grandparent
- 25 - Fam Sick Parent-in-law
- 26 - Fam Sick "In Loco Parentis"
- 27 - Fam Sick Spouse
- 28 - Family Sick Child
- FS - FMLA Self
- FF - FMLA Family
- IN - Industrial

Week 2 Example of completed information:

Dates>		3/20	3/21	3/22	3/23	3/24	3/25	3/26	TOTAL HOURS	Attendance Code **	Acct	AY
Pay Codes		Sat	Sun	Mon	Tue	Wed	Thur	Fri				
Schedule				8	8	8	8	8	40			
1	100				8				8			
2	300					8			8			
3	310						8		8			
4	311							8	8	28		
5	320											
6	110			8					8			
7												
8												
9												
									40			

This report has been prepared to the best of my knowledge and belief.

Employee signs here

Supervisor or Manager signs here

Leave Balances

Employee Signature _____ Date _____ Supervisor Approval _____

Vacation: **To be**
 Sick: **provided**
 Comp: **by HRIS**
 Holiday:

Comments

Agency to provide comments on unusual payroll situations
 (Example: In state or out of state travel for bereavement leave)

GAO/CSB USE ONLY

BATCH NUMBER:
Entered by:
Name
Date

Pay Codes

Additional Valid Pay Codes may be used

- | | | | |
|------------------------------------|--|---|-------------------------------------|
| 100 - Regular Pay | 100A - Staff Development | 101 - Regular in Excess of 40 hrs. (Covered | 102 - Excluded Employee Extra Hours |
| 105 - Partial Day Absence | 106 - Board Commission Salary | 107 - Temporary Employee Salary | 110 - Telecommuting Hours |
| 300 - Annual Leave Taken | 308 - Donated Leave Taken | 310 - Sick Leave Taken | 311 - Family Sick Leave ** |
| 320 - Scheduled Holiday | 321 - Holiday Leave Earned | 322 - Holiday Leave Taken | 330 - Comp Leave |
| 340 - Bereavement Leave ** | 350 - Civic Duty | 370 - Recognition Leave | 375 - Admin Leave (Paid) |
| 380 - Military Leave | 630 - Industrial LWOP | 640 - LWOP | 800 - Comp Time Earned |
| 112 - Governor's Mentoring Program | See Pay Code Key for additional codes | | |

** Requires Attendance Code for further detail (see listing on right)